

Section 4

IDENTIFICATION

WIC Identification

Local agency clinics issue an Arizona WIC Program Identification (ID) Folder and Transfer Card to all participants. This folder is used for identification during clinic visits, for the redemption of WIC food instruments and to assist the participant in transferring their WIC services to another area.

In special circumstances, participants or their authorized representatives may designate a proxy to pick up and redeem their WIC food instruments. The proxy brings a signed note from the participant or participant's authorized representative to the clinic. The clinic provides the designated proxy with a Proxy Certification form, which must be signed. The designated proxy uses the Proxy Certification form as the WIC ID when redeeming food instruments at an authorized Vendor's location.


The WIC participant/authorized representative or proxy will use either the WIC ID Folder and Transfer Card or the Proxy Certification form (never both), as Arizona WIC Program identification. The Vendor is to verify that the signature on the ID Folder and Transfer Card or Proxy Certification form matches the signature that is obtained at the store in front of the cashier at the end of the transaction. The ID Folder and Transfer Card may have one (1) or two (2) signatures in the signature boxes. The Proxy Certification form will only have one (1) signature. An example of the WIC ID Folder and Transfer Card and Proxy Certification form are shown on the following two pages.

Vendors should not accept Arizona WIC Program food instruments without seeing either the ID Folder and Transfer Card or the Proxy Certification form. No other form of identification is necessary, including a driver's license, telephone and/or social security number. Vendors should not request additional identification.

NOTE: A Proxy Certification form and an ID Folder and Transfer Card may **not** be used as WIC identification at the same time.

WIC Identification Folder and Transfer Card

**Arizona WIC Program
ID Folder/Transfer Card**



Helping Arizona Families Grow Strong


| Date | Time | WIC Staff Initials | FI Pickup | Nutrition Ed | Re-cert. | Shot Record | Bring proof of Income, ID and Residency | Bring Child (Name) |
|------|------|-----------------------|-----------|--------------|----------|-------------|---|-----------------------|
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| Signature of Authorized Representative | |
|--|--|
| 1. | |
| 2. | |

Not valid without the Local Agency WIC office address stamp:

VOID

If this ID Folder/Transfer card is found
please return to the address above



Note: Available in Spanish




Proxy Certification Form


| PROXY CERTIFICATION ARIZONA WIC PROGRAM | | CERTIFICADO DE AUTORIDAD PROGRAMA WIC DE ARIZONA | |
|--|--------------------------|--|------------------------------|
| I, _____ understand that I will be allowed to accept WIC drafts and buy WIC authorized foods for: | | Yo, _____ comprendo que será permitido aceptar los cheques de WIC y comprar los alimentos autorizados por WIC para: | |
| Participant's Name _____ | Participant's Name _____ | Nombre de participante _____ | Nombre de participante _____ |
| Participant's Name _____ | Participant's Name _____ | Nombre de participante _____ | Nombre de participante _____ |
| Participant's Name _____ | Participant's Name _____ | Nombre de participante _____ | Nombre de participante _____ |
| I also understand that I must follow all WIC rules including: <ul style="list-style-type: none"> shop only at WIC authorized stores buy only the foods listed on the draft give all foods bought to the participant save the receipts for the foods bought and give them to the participant, and use the drafts only during the dates in which they are valid. | | Ademas comprendo que debo seguir las reglas de WIC incluyendo: <ul style="list-style-type: none"> comprar solo en las tiendas autorizadas por WIC comprar solo los alimentos apuntados en el cheque dar todos los alimentos al participante obtener los recibos de la tienda de los alimentos comprados y entregarios al participante usar los cheques solamente durante el tiempo en el que son válidos | |
| Finally, I understand that misuse of drafts is against the law and that offenders will be prosecuted. | | Finalmente comprendo que el uso impropio de los cheques es contra la ley y los ofensores serán sujeto a la prosecución. | |
| The undersigned person is authorized to accept and use WIC drafts | | La persona firmante es autorizada para aceptar y usar los cheques de WIC | |
| From _____ | To _____ | Desde _____ | Hasta _____ |
| Proxy signature _____ | Date _____ | Firma de autorizado(a) _____ | Fecha _____ |
| Signature of clinic staff _____ | Date _____ | Firma de personal de la clinica _____ | Fecha _____ |
| Printed name and title of clinic staff _____ | | Nombre en letra de imprenta y titulo de personal de la clinica _____ | |
| ADHS/ONS/WIC 8/8a REV: 1/99 | | | |

“X” Signature

From time to time there are WIC participants, authorized representatives or proxies who are unable to sign their name. At the local agency clinic, the participant, authorized representative or proxy will place an “X” on the ID Folder and Transfer Card or the Proxy Certification form. The local agency employee will verify the individual’s mark by writing “for signer’s name (participant’s, authorized representative’s or proxy’s name) by and signing their own name (local agency staff’s name).” The local agency employee will instruct the individual to repeat the above procedure at the store.

At the store, the participant, authorized representative or proxy will place an “X” in the “SIGNATURE AT STORE” box on the food instrument after the amount of purchase has been entered. Store personnel (cashiers) are requested to witness the signature by using the same procedure as the clinic. The cashier will verify the individual’s mark by writing, “for signer’s name (participant’s, authorized representative’s or proxy’s name) by and signing their own name (cashier’s name)”. In these situations, the Vendor should not be concerned with the handwriting matching. Only the procedure must match. Follow the example shown below.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------|-------------------------------------|--|------------|---------------------------|---|--|-----------------|--|-------------------|------------|--|--|-------------|--|------------------|--|------------------|------------|--------------------|-----------------|--|--|----|--|----------------------|--|--|--|-------------------------------------|--|---|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|--|--|
| ARIZONA DEPARTMENT OF HEALTH SERVICES WIC PROGRAM 1740 WEST ADAMS, PHOENIX, ARIZONA 85007 NEED HELP? Mon - Fri, 8 AM - 5 PM, Call 1-800-252-5-WIC | | | MISUSE OF DRAFTS SUBJECT TO STATE OR FEDERAL PROSECUTION. VOID IF ALTERED | | DRAFT # 2740915 | 75-1248 Payable Through FSMC 919 AN AFFILIATE OF SECURITY STATE BANK HOWARD LAKE, MN 55349 ACCT# 802070 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGENCY | CLINIC | PARTICIPANT ID | PARTICIPANT NAME | DRAFT TYPE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | 23 | 23000008685 | KELLY, KIM | 001692AA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 OZ (UP TO 36 OZ) WIC APPROVED CEREAL (NOT INFANT) 2 CONTAINER (12 OZ FROZEN) WIC APPROVED 100% JUICE OR 2 CONTAINER (46 OZ) WIC APPROVED 100% JUICE 1 GAL SKIM/NONFAT OR LOWFAT (1%) MILK (HALF GALLON OR GALLON CONTAINERS ONLY) 1 HALF GAL SKIM/NONFAT OR LOWFAT (1%) MILK (HALF GALLON CONTAINERS ONLY) | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="font-size: x-small;">AZ WIC USE ONLY</td> <td style="font-size: x-small;">FIRST DATE TO USE</td> <td style="text-align: center;">12/13/2004</td> </tr> <tr> <td colspan="2"></td> <td style="font-size: x-small;">DATE OF USE</td> <td></td> </tr> <tr> <td colspan="2" style="font-size: x-small;">ACTUAL \$ AMOUNT</td> <td style="font-size: x-small;">LAST DATE TO USE</td> <td style="text-align: center;">01/12/2005</td> </tr> <tr> <td style="font-size: x-small;">\$ CORRECTION ONLY</td> <td style="font-size: x-small;">CASHIER INITIAL</td> <td colspan="2"></td> </tr> <tr> <td colspan="2" style="height: 40px; vertical-align: bottom;">\$</td> <td colspan="2" style="font-size: x-small;">PAY TO THE ORDER OF:</td> </tr> <tr> <td colspan="2" style="font-size: x-small;">TAX EXEMPT SALE NOT TO EXCEED \$200.00</td> <td colspan="2" style="font-size: x-small;">NOT PAYABLE WITHOUT VENDOR ID STAMP</td> </tr> <tr> <td colspan="4" style="background-color: black; color: white; text-align: center; font-weight: bold;">PARTICIPANT: DO NOT SIGN UNTIL TIME OF PURCHASE</td> </tr> <tr> <td colspan="4" style="font-size: x-small;">SIGNATURE AT STORE</td> </tr> <tr> <td colspan="4" style="text-align: center;">  </td> </tr> <tr> <td colspan="4" style="font-size: x-small;">CASHIER: DO NOT ACCEPT IF ALREADY SIGNED. MUST MATCH SIGNATURE ON ID FOLDER.</td> </tr> </table> | | AZ WIC USE ONLY | | FIRST DATE TO USE | 12/13/2004 | | | DATE OF USE | | ACTUAL \$ AMOUNT | | LAST DATE TO USE | 01/12/2005 | \$ CORRECTION ONLY | CASHIER INITIAL | | | \$ | | PAY TO THE ORDER OF: | | TAX EXEMPT SALE NOT TO EXCEED \$200.00 | | NOT PAYABLE WITHOUT VENDOR ID STAMP | | PARTICIPANT: DO NOT SIGN UNTIL TIME OF PURCHASE | | | | SIGNATURE AT STORE | | | |  | | | | CASHIER: DO NOT ACCEPT IF ALREADY SIGNED. MUST MATCH SIGNATURE ON ID FOLDER. | | | |
| AZ WIC USE ONLY | | FIRST DATE TO USE | 12/13/2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | DATE OF USE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACTUAL \$ AMOUNT | | LAST DATE TO USE | 01/12/2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ CORRECTION ONLY | CASHIER INITIAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | | PAY TO THE ORDER OF: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAX EXEMPT SALE NOT TO EXCEED \$200.00 | | NOT PAYABLE WITHOUT VENDOR ID STAMP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PARTICIPANT: DO NOT SIGN UNTIL TIME OF PURCHASE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AT STORE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CASHIER: DO NOT ACCEPT IF ALREADY SIGNED. MUST MATCH SIGNATURE ON ID FOLDER. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



- ▽ **NOTE:** If these instructions are **not** followed exactly as described and pictured above, the food instrument will be rejected for payment and the Vendor will not be reimbursed.
- ▽ **SPECIAL NOTE:** If a WIC participant/authorized representative or proxy is blind, the “X” signature process will be used.